


MEETING DATE:	10 April 2014	 North Lincolnshire Clinical Commissioning Group REPORT TO THE CLINICAL COMMISSIONING GROUP GOVERNING BODY
AGENDA ITEM NUMBER:	Item 6.3	
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JOB TITLE:	Director of Commissioning	
DEPARTMENT:	Commissioning	

COMMUNICATIONS AND ENGAGEMENT STRATEGY – 2014/16

PURPOSE/ACTION REQUIRED:	Decisions for Approval To discuss, review and approve Communications and Engagement Strategy 2014/16
CONSULTATION AND/OR INVOLVEMENT PROCESS:	This draft has been discussed with CCG service leads, PPI Lay member lead and discussions at CCG Engine Room and Governing Body workshop
FREEDOM OF INFORMATION:	Public

1. PURPOSE OF THE REPORT:

The communications and engagement strategy being presented is a refreshed version of the current approved document that was used for authorisation.

The key points to note are:

- The strategy reflects the updated national policy drivers and establishes a model for how the CCG wishes to engage with local stakeholders and the public
- It establishes and refreshes our commitment to engage and lists a number of methods and channels
- It includes a section on the launch of the new 'public/patient database' to help inform our commissioning intentions and how we would integrate the 'community champions' programme into the database and engagement plan
- It also includes a number of appendices including a stakeholder analysis and media policy

The strategy will be supported by a robust communications and engagement (C&E) work plan. This plan will establish all C&E action planned for the next 12 months. It will also show the proactive media plan and list all key dates such as MP meetings, Governing Body meetings etc.

It is proposed that the delivery of the strategy and monitoring of the C&E work plan will be managed by a communications and engagement steering group. This monthly steering group will ensure delivery and discuss new C&E requirements. The reimbursement policy (appendix c) is currently being finalised and will go to the CCG's Audit Group for approval.

2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:			
Continue to improve the quality of services	x		
Reduce unwarranted variations in services	x		
Deliver the best outcomes for every patient	x		
Improve patient experience	x		
Reduce the inequalities gap in North Lincolnshire	x		
3. IMPACT ON RISK ASSURANCE FRAMEWORK:			
Yes		No	X
4. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:			
Yes		No	x
5. LEGAL IMPLICATIONS:			
Yes	x	No	
Issues may arise that will require formal consultation			
6. RESOURCE IMPLICATIONS:			
Yes	x	No	
For 2014/15 an appropriate non pay budget will need to be established based on C&E requirements – this will be reviewed by CCG C&E lead			
7. EQUALITY IMPACT ASSESSMENT (EIA):			
Yes	x	No	
EIA has been completed and will be available alongside the strategy – The EIA has been rated amber and mitigating actions and delivery of action plan will be monitored through the C&E steering group.			
8. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:			
Yes	x	No	
Strategy will be shared with stakeholders and used widely – the associated action plan will establish the work plan for communications and engagement			
9. RECOMMENDATIONS:			
<p>The CCG is asked to: -</p> <ul style="list-style-type: none"> • Approve the C&E strategy and associated documents • Recognise the actions required under the EIA • Approve the establishment of a public and patient database to be used to help inform commissioning intentions • Approve the establishment of a monthly C&E steering group to set work plan 			

Communications and Engagement Strategy

2014-16

North Lincolnshire Clinical Commissioning Group's Commitment to communicate, engage and involve to create a responsive local NHS service

**Delivering
our vision**

Contents

1.0	Introduction	2
2.0	Equality and diversity.....	2
3.0	Our approach to engagement	3
4.0	Key Policy Drivers.....	5
5.0	Our communication and engagement objectives	8
6.0	Who are we engaging with?	8
7.0	NL CCG – Patient Database	9
8.0	Community Champions.....	9
10.0	Communicating with stakeholders	10
11.0	Engaging with partner organisations and other representatives.....	11
12.0	Our approach to communications	12
13.0	Methods of communications.....	12
14.0	Branding.....	14
15.0	Evaluation	15
Appendices:.....		15
Appendix A: Media Policy		15
Appendix B: Stakeholder Analysis.....		15
Appendix C: Reimbursement Policy (To follow following approval)		15

1.0 Introduction

North Lincolnshire Clinical Commissioning Group (NLCCG) is the local leader of the NHS. Working alongside other NHS trusts, partners and members of the public the CCG will work to shape and define the NHS in North Lincolnshire.

The CCG's clinical leaders believe the only way it can succeed in delivering high quality services for the community and improving the health of our population is by involving members of the public, partner organisations and of course, our member GP practices in the development of services. Therefore it is vital that the public and clinical community are not only informed of the process but engaged in it and offered the opportunity to be involved. In order to be trusted and valued it is vital that the CCG is transparent and open in its approach, and effective communications and engagement form the cornerstone of this.

The aim of this strategy is to provide the CCG Governing Body, Council of Members, partner organisations and the public with not only a vision of how the communications and engagement should be shaped, but a route map of how the engaging and informing will be achieved.

2.0 Equality and diversity

In developing this strategy, an equalities impact assessment has been undertaken; details are available alongside this strategy on the CCG's website. An adverse impact is unlikely, and on the contrary the policy has the clear potential to have a positive impact by reducing and removing barriers and inequalities that currently exist. North Lincolnshire CCG will endeavour to make information accessible and aim to communicate in plain English at all times, with the provision of alternative formats such as Braille, audio, large print, easy read and other languages where appropriate.

However on assessing the policy it is evident that a risk of discrimination exists and this risk may be removed or reduced by implementing the actions detailed within the Action Planning section of this document.

NL CCG Database – There is a risk that membership of the NLCCG Patient database will not be representative of the local population. The strategy requires that people register via the website, to ensure inclusivity of all diverse groups there should be the option to sign up in alternative formats such as alternative languages, hard copy, large print, braille or via the telephone. Regular analysis of the database should also be conducted to ensure that it is representative of the local population. Where diverse groups appear to be underrepresented, work should be carried out to ensure that they are being communicated with effectively.

Methods of Communications - There is a risk that diverse groups may be missed with communications because the listed methods of communication may not meet their needs. The list should include other diverse ways of communicating such as advertising in local Talking Newspapers, distributing posters and leaflets in locations where diverse groups congregate (Institutes for the Deaf/Visually impaired, social clubs for ethnic minority groups/shops aimed at diverse ethnic groups). When engaging in the community ensure that diverse groups are included and suitable support such as BSL Interpreters are employed.

If, at any time, this policy is considered to be discriminatory in any way, the author of the policy should be contacted immediately to discuss these concerns.

3.0 Our approach to engagement

This strategy is not just about complying with policy – there are a number of reasons why NLCCG believe effective engagement and communication is a cornerstone of its organisation:

- CCGs who engage with their local communities and build this knowledge into commissioning decisions will be better placed to offer services that are responsive and accountable;
- CCGs that fully understand patient experience will be better placed to invest public funds in services that reflect the needs, priorities and aspirations of their local population and deliver excellent services to patients;
- CCGs who listen to people and communicate this process will increase understanding and confidence in using local services.

Principles

The CCG is also committed to working to a number of core principles that are shared by NHS England in their principles for participation in commissioning they include:

- Relationships will be conducted with equality and respect
- Listen and truly hear what is being said ...
- Start involving people as early as possible
- Take time to plan well
- Use plain language and openly share information
- Give feedback on the results of people's participation

More information can be found at www.england.nhs.uk/2014/03/13/pat-pub-participation

In order to achieve these aspirations NLCCG needs to establish mechanisms for:

- Engaging with, and listening to, patients, carers, diverse groups and other stakeholders;
- Having a means of ensuring that patients' experiences are taken into account when commissioning decisions are made

This section outlines three models of best practice and the approach being undertaken to ensure at all times patient and public involvement is considered.

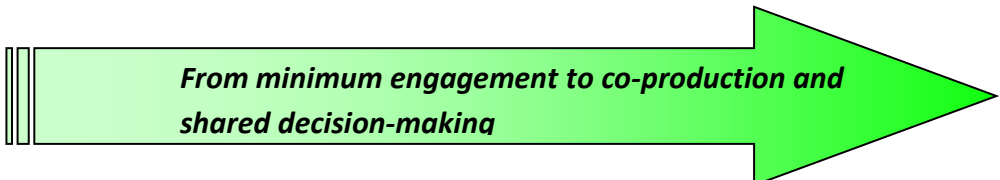
1. The Ladder of Participation
2. The Engagement Cycle
3. NLCCG Experience Led Commissioning

The Ladder of Participation

The model, as identified in the table on the following page, (developed by Arnstein 1969) sees involvement and engagement as a linear progression up a number of rungs on the ladder - from individuals simply being consumers of information, through being involved in a tokenistic way, right up to power being delegated to them and taking control.

The adaption of this model has been useful for the NHS as it helps to identify a number of ways/methods of involving stakeholders that can all contribute to effective communication and engagement. It also recognises a key element of the CCGs vision to help patients and the public take responsibility for their own healthcare and helping them to make informed decisions.

Ladder of participation

Giving information	Getting information	Forums for debate	Participation	Partnership
Websites – including our own and those of partners	Surveys and questionnaires	Meetings with existing groups	Public and patient participation groups (PPI)	Community development
Leaflets, posters and other publications	One-to-one interviews	Public meetings	Citizens' juries	Working with lay representatives
Local and regional news media	Patient diaries and stories	Focus groups	Open space events	User forums
Other online sources such as social media	Feedback mechanisms such as website, social media, email, telephone and post	Seminars	Deliberative events	Patient/Carer/ User Reference Groups
Public events, exhibitions and meetings	Citizens' panels	Café consultations	Shadowing	Partnerships with voluntary and community sector
	Patient Relations (including complaints service)			Experience-based design
				Co-production of care pathways
 <p><i>From minimum engagement to co-production and shared decision-making</i></p>				

The Engagement Cycle

The Engagement Cycle is a useful strategic tool that helps commissioners understand who needs to do what, in order to engage communities, patients and the public at each stage of commissioning.

This model identifies five different stages when patients and the public can and should be engaged in commissioning decisions:

1. Community engagement to identify needs and aspirations.
2. Public engagement to develop priorities, strategies and plans.
3. Patient and carer engagement to improve services.
4. Patient, carer and public engagement to procure services.
5. Patient and carer engagement to monitor services.

At each of these five stages (identify, develop, improve, procure, monitor) the Engagement Cycle provides simple advice on what to do in order to undertake high quality patient and public engagement that will enhance and support the decisions that commissioners need to make with the involvement of patients and the public.



Experience Led Commissioning

North Lincolnshire Clinical Commissioning Group (NLCCG) has adopted Experience Led Commissioning (ELC) designed by Georgina Craig Associates, as its operating model for clinical commissioning so that people's experiences drive the commissioning process. ELC

uses active input from patients and carers, frontline staff, user representatives, service providers and clinical commissioners to improve and redesign services.

The difference between this approach and other ways of commissioning is that it is experience led. Many people complain that often their experience of NHS care leaves them feeling more like a number rather than a person. They often get the right care and medical treatment; yet the human element is missing. The CCG wants to ensure that they change this and focus on what people say matters to them and what would make the biggest difference to a great experience of care.

Key parts of the ELC approach are the five co-design events where patients and their carers come together with health professionals to co-design the care that NLCCG will go on to commission. These events usually use the same format, outlined below, but can be adapted to suit needs of participation and project.

Event 1 half day)	Meeting with patients, carers and frontline staff to explore how people feel about current services.
Event 2 (half day)	Encouraging and helping people to think about how it would feel to experience an excellent service.
Event 3 (full day)	A fun, interactive event where people work in small groups to create an image of how the current service can develop to become an excellent service.
Event 4 (full day)	All meet again to look back at the progress so far then work in small groups to identify solutions to the problems identified.
Event 5 (half day)	This session is mainly for service providers (including voluntary sector), but patients and carers are welcome. It looks at developing ways to measure success to ensure the services deliver the outcomes patients and their carers want.

The CCG is currently in the process of designed its strategic plan and a full list of priorities for ELC will be developed following the strategic plan approval and will be listed on the CCG's website. However two underlying aims under ELC for 2014/16 are:

- Creating a compelling person centred narrative for future healthcare that reflects population needs and engages and inspires providers to deliver great care and experience
- Building partnership working across the health economy and a shared, person centred focus from the start

4.0 Key Policy Drivers

The context in which NLCCG operates will significantly influence the delivery of communications and engagement in the future. National and local policy acknowledges and promotes the need to improve involvement and to communicate core values, actions and strategies to the communities served.

Some of the key influencing factors include:

The Health and Social Care Act 2012

Clinical Commissioning Groups (CCGs) are required by law to:

- Involve the public in the planning and development of services;
- Consult on their Commissioning Plans;
- Report on involvement in their Annual Report;
- Have lay members on their governing body (referred to hereafter as 'The Board');
- Have due regard to the findings from the local Healthwatch;
- Consult Local Authorities about substantial service change;
- Have regard to the NHS Constitution in carrying out their functions;
- Act with a view to secure the involvement of patients in decisions about their care;
- Promote patient choice.

Transforming participation in health and care - 2014

Transforming participation in health and care has been developed by NHS England with a wide range of stakeholders and partners and its purpose is to support commissioners to improve individual and public participation and to better understand and respond to the needs of the communities they serve.

www.england.nhs.uk/wp-content/uploads/2013/09/trans-part-hc-guid1.pdf

Northern Lincolnshire CCG – Constitution

The CCG has made a clear commitment to securing public involvement in its Constitution:

- a Ensure the appropriate engagement and formal consultation with patients, carers and the public in their commissioning decisions and the development of care pathways
- b Work effectively with statutory and voluntary organisations and networks to facilitate patient and public involvement in North Lincolnshire CCG's area
- c Develop and effectively use local Engagement Groups for patients, carers and the public
- d Develop and promote Experience Led Commissioning
- e Develop, agree and oversee implementation of improvement plans

- f Use plain language appropriate for all audiences

North Lincolnshire CCG will deliver these principles by:

- a Working in partnership with patients and the local community to secure the best, most effective and safe care for them
- b Adapting engagement activities to meet the specific needs of the different patient groups and communities
- c Publishing information about health services and their quality, on North Lincolnshire CCG's website and through other media
- d Encouraging and acting on feedback
- e Engaging with the Local Authority's Health Scrutiny Panel where it is intended to change services
- f Using qualitative and quantitative data to inform progress of delivery
- g Developing, agreeing and overseeing implementation of improvement plans

The Equality Act 2010

The Equality Act 2010 promotes fair treatment of people regardless of any protected characteristic they may have. To support development of commissioning plans and decision making, it is essential that particular engagement and communication methods take into account the needs of people with a protected characteristic and enables them to fully participate. (Protected characteristics detailed below)

This communication and engagement strategy encourages the use of a wide range of communication methods to promote access to information and will ensure the engagement process is open and accessible to all.

Commitment to Equality and Diversity

The CCG makes a clear statement in its Constitution on how it will meet its public sector equality duty. It has an Equality and Diversity Strategy and Implementation Plan which (www.northlincolnshireccg.nhs.uk/publications/equality-and-diversity) sets out how it will meet its duties. This includes setting equality objectives and a plan to show how those objectives will be delivered.

The CCG's first equality objective links directly with the engagement approach.

Objective 1	Increase input from representatives of the protected groups in the commissioning process and ensure systems are in place to embed equality in all our commissioning decisions.
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In relation to all of its communications and engagement activities, the CCG will aim to:

- reach a representative cross section of its population when engaging on commissioning intentions, including people with a disability, minority groups and those not traditionally engaged with NHS services (e.g. working age males);
- hold its meetings and events in accessible venues that comply with the requirements of the Equality Act 2010, particularly with respect to disability access;
- publish its materials in different formats and languages where a need is identified;
- test the accessibility of its materials through engagement with groups who share protected characteristics.

In paying due regard to equality under our public sector duties, the CCG will ensure that feedback from people who share protected characteristics, or those representing them, will form part of the decision making process as a part of its equality analysis process, which is embedded in the governance of the CCG.

The Act covers the following protected characteristics under equality legislation:

- Age - Where age is referred to, it refers to a person belonging to a particular age (eg: 32 years old) or range of ages
- Disability - A person has a disability if she/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.
- Gender reassignment - The process of transitioning from one gender to another
- Marriage and civil partnership - Marriage is defined as a "union between a man and a woman". Same-sex couples can have their relationships legally recognised as "civil partnerships". Civil partners must be treated the same as married couples on a wide range of legal matters.*we acknowledge this part of the act will be amended in light of new legislation
- Pregnancy and maternity - Pregnancy is the condition of being pregnant. Maternity refers to the period after birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth. This includes treating a woman unfavourably because she is breastfeeding.
- Race - This refers to a group of people defined by their race, colour, nationality (including citizenship), ethnic or national origins.
- Religion and belief - Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.
- Sex - A man or a woman.

- Sexual orientation - Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

The NHS Constitution

The NHS Constitution came into force in January 2010. It places a statutory duty on NHS bodies and explains a number of rights which are a legal entitlement for patients. One of these is the right to be involved directly, or indirectly through representatives in the:

- Planning of healthcare services;
- Development and consideration of proposals for changes in the way those services are provided; and
- Decisions to be made affecting the operation of services.

5.0 Our communication and engagement objectives

We have developed five long term strategic objectives for communications and engagement together with specific actions we will take to be successful in the development of the CCG. These are to:

Objective 1	Effectively engage and communicate with Member practices
Objective 2	Have a community that is well informed and interested in its own health
Objective 3	Ensure stakeholders, other key interested parties and the wider public are actively engaged with in a continuous two way process
Objective 4	Have supported and valued staff who are well informed and engaged
Objective 5	Actively engage with local providers and secondary care clinicians

6.0 Who are we engaging with?

The CCG aims to work closely with all its stakeholders to achieve its ambitious engagement agenda. A full analysis of the CCG's stakeholders can be found in Appendix B 'NLCCG Key External Stakeholder Analysis'

For each of our communication and engagement objectives outlined above individual stakeholder maps will be established.

7.0 NL CCG – Patient Database

Launching in 2014 the CCG is building a robust patient network and database to capture the contact details and particular interests of patients and the public within its commissioning area.

During 2014/15 the CCG will promote and grow this network so it can be used as a tool to draw on a cross section of the population for different pieces of engagement work.

The CCG recognises that whilst this database will be a very useful tool, it cannot be used in isolation to involve people, particularly in minority or seldom heard groups. The CCG will also use a number of other methods to reach people including working with:

- Its providers and GP Practices to access specific patient cohorts;
- Local authorities to access their networks;
- Healthwatch in North Lincolnshire;
- Local third sector, support and charity organisations.

To join the NLCCG database, you can sign up on our website at:
www.northlincolnshireccg.nhs.uk

8.0 Community Champions

NLCCG runs a 'Community Champions' programme. In 2014/15 this programme will be integrated into the patient database.

A Community Champion is someone that would like to become more involved with North Lincolnshire CCG and will liaise with people in their local community and provide a mechanism for feeding information into North Lincolnshire CCG and out to the local population. People who choose to join the database and become a 'community champion' can volunteer to become involved at a greater level by supporting NLCCG in its engagement activities.

The Community Champion will be offered the opportunity to keep in touch with developments in the CCG/local health service and to take part in locality based events and to express views on matters of current interest. The aim during 2014/15 is to establish a number of community champions across all localities of the CCG. Further work will then take place to look at how we can bring interested people together on a regular basis including

linking more closely with GP patient participation groups. For this and the database the CCG has a standard NHS reimbursement policy. (Appendix C subject to approval)



9.0 Healthy Lives, Healthy Futures

NLCCG is working in partnership with North East Lincolnshire CCG and the Northern Lincolnshire & Goole Hospitals NHS Foundation Trust to develop a vision for how health care services will look in Northern Lincolnshire in the future. This vision is outlined as Healthy Lives, Healthy Futures.

The plans that are currently being developed will ensure the Northern Lincolnshire area has a health service that is high quality, meets the needs of its population and operates within the current financial envelope. During 2014/15 significant engagement and potential consultation activity will be taking place. To ensure the needs of NLCCG stakeholders are met, as part of the Healthy Lives, Healthy futures governance structure there are regular meetings of a communications and engagement steering group with NLCCG representation.

Through the ELC process (see section 7) the CCG built strong foundations for this review by gathering insights into what matters to people in North Lincolnshire about health services at three stages of life (parents and families, working life and older age).

10.0 Communicating with stakeholders

NLCCG has a wide range of stakeholders with whom it needs to engage with on a daily basis.

How and when the CCG does this depends on why we want to talk to them. It is acknowledged that some groups will generally require a higher level of communication than others and our plans will reflect this.

NLCCG will endeavour to make information accessible and aim to communicate in plain English at all times, with the provision of alternative formats such as Braille, audio, large print, easy read and other languages where appropriate.

11.0 Engaging with partner organisations and other representatives

NLCCG is working to ensure our partners and other key interested parties are kept informed.

A range of activities will help us to do this:

Health and Well-being Board

We are committed partners on the North Lincolnshire Health and Well-being Board which allows health and Local Authority representatives and other local organisations to work much more closely together to address local health needs and inequalities, and improve health and social care services.

Health Scrutiny Panel

The CCG regularly attends the North Lincolnshire Health Scrutiny Panel to discuss service proposals and engagement activities and to consult them on any proposals for significant change allowing them to challenge the CCG where necessary and provide a level of assurance for the people of North Lincolnshire.

The CCG also attends panels as invited to discuss individual situations and issues to ensure it operates in a totally open and transparent fashion.

HealthWatch

Members of the CCGs Board and engagement team continue to regularly meet with Healthwatch to discuss service proposals, engagement activities and quality issues in relation to local services.

Members of Parliament

The Chair and Chief Officer of the CCG will endeavour to meet with local MPs on a six weekly basis and the CCG will continue to proactively brief MPs on developments in the area.

Enquiries from MPs, Councillors and Patient Representative Groups

As some of the key opinion formers in the community and a direct route to the public, building trust and support with key stakeholders is vital through the CCGs communication and engagement efforts. All formal enquiries from MPs, Councillors and Patient Representative Groups will be responded to in a timely manner, where possible within 15 working days. The CCG is also putting in place measures to ensure that any feedback gathered through these channels is fed back in to the commissioning cycle.

Clinical Commissioning Group Newsletters

North Lincolnshire CCG publishes two quarterly newsletters. One is targeted at clinicians and GP community and a second public newsletter highlighting local achievements which is available on the website (www.northlincolnshireccg.nhs.uk). This public facing newsletter is also sent by email to the stakeholder list and to both the CCG's database and partners' member lists to ensure it reaches the widest audience.

Redesign and Procurement of Services

NLCCG will continue to secure and improve appropriate specialist clinical and professional expertise for each stage in the commissioning cycle including redesign and procurement of services.

12.0 Our approach to communications

Communication and engagement go hand in hand, but it's important to appreciate that some elements of communication will need to be undertaken separately from the focussed engagement activities already described in this strategy.

Communication can take many forms, from people speaking face-to-face to mass communication to large numbers of people via newspapers, TV and radio.

This section of the strategy outlines how and when NLCCG will communicate with stakeholders to ensure that people are kept informed of developments and have access to information they need, when they need it. Detail of work is outlined in the action plan in appendix C.

13.0 Methods of communications

A range of communication methods have been developed by NLCCG to ensure information can be communicated effectively to the stakeholder groups listed above. These methods may evolve over time in line with feedback from stakeholders.

A description of the key methods of communication for each key stakeholder group is given below:

Communication with NLCCG Member Practices

In the early development of the CCG a survey was undertaken with constituent GP practices to better understand their communication requirements and how best to share information with them. The results were used to determine the following methods of communication:

- Immediate operational issues will be sent via email from a single email address and marked as 'high importance'
- Non-urgent communication with GP practices will be sent via a bi-weekly 'catch-all' email from NLCCG
- The CCG publishes its own internal news bulletin on a quarterly basis and is aimed at CCG, practice staff and appropriate Commissioning Support Unit (CSU) staff. The aim of this news bulletin is to keep everyone abreast of the rapid changes that are occurring both nationally and locally around clinically led commissioning
- The CCG has developed a new intranet site, the North Lincolnshire Clinical Portal. The design and architecture is user led, primarily from feedback from GPs, CCG and practice staff.
- The CCG will also establish a more consistent approach to communication with the Local Medical Committee including the sharing of Governing Body papers etc.

In late 2014 this survey will be repeated and the any changes to the above approved and implemented.

Internal communication with NLCCG employees

NLCCG staff will be kept informed of developments through staff bulletins and team meetings. It is the responsibility of line managers to ensure individual communication requirements are considered.

Media relations

The media plays a key role in helping to shape a positive reputation and should be treated as a partner with which NLCCG must build a constructive relationship.

A separate media management protocol has been developed which outlines roles and responsibilities, particularly with regard to reactive media management. Appendix A

In terms of proactive media management, a forward plan of press releases will be developed, taking into consideration the achievement of key milestones and the implementation/change of new services and initiatives.

Online presence

Having a strong online presence is important because it:

- Facilitates dialogue
- Allows communication in 'real time' and is especially useful in crisis situations
- Reaches a range of audiences – both young and old
- Enables the CCG to communicate in more innovative ways, such as through the use of video

- Is an effective way to build a list of contacts who want to be kept informed of information relating to the CCG

Corporate website

NLCCG has its own dedicated website hosted at www.northlincolnshireccg.nhs.uk

This site not only allows people to learn more about the Clinical Commissioning Group but gives them a portal through which to get more involved in their own health care services.

Social Media

Social Media provides a modern, quick and effective way to communicate and gather feedback and the CCG plays an active role in the social media conversation. The organisation has a well-developed Twitter page which not only allows it to communicate with a large number of local people, partners and other health organisations but gives them the opportunity to communicate back to the organisation.

Other forms of external communication

Depending on the nature of what needs to be communicated, it may be necessary to employ other forms of communication in addition to those detailed above.

The following methods should be considered as part of any communication initiative:

- Advertising in local press and community magazines;
- Posters and leaflets;
- PowerPoint presentations;
- profiling opportunities in local, regional and national media and events.

NLCCG Board papers will available on the NLCCG website

14.0 Branding

The CCG should brand itself at all times as a 'statutory NHS organisation'. This means the logo will look like this:



As the CCG is branded under the NHS, all associated correspondence and literature should comply with the NHS branding guidelines, a copy of which can be accessed here:

www.nhsidentity.nhs.uk

15.0 Evaluation

No plan or strategy should be a sealed document. It should be the subject of systematic review and evolution to take account of outcomes and changes in situation. This allows the strategy to be adapted and fine-tuned to continue to meet its needs.

Evaluation also needs to be done at different levels in order to build an accurate picture of the on-going success of the strategy, project or function.

The six key ways of measuring progress are:

- Changes of behaviour (More people doing / not doing something)
- Responses to questionnaires, appeals etc
- Change of awareness
- Achievements (attendance at events, numbers on the patient database)
- Media coverage
- Budget control / value for money

During the development of more detailed communications and engagement action plans it is vital a cycle of evaluation is built in to these. Only by evaluating the work done can the CCG judge whether it is achieving what it set out to do.

Appendices:

Appendix A: Media Policy

Appendix B: Stakeholder Analysis

Appendix C: Reimbursement Policy (to follow following approval)



If your preferred language is not English, or for those who are blind or partially sighted, we can make arrangements to help you with this document.

Contact us by:

Emailing: NLCCG.contactus@nhs.net Calling us by telephone: [01652 251011](tel:01652 251011)

Appendix A

Media Policy



Author: Oliver Tipper, Corporate Communications Service Manager; North Yorkshire and Humber Commissioning Support Unit

Version: 1.2

Last Updated: LS – 22-1-14

Contents

- Introduction
- Your press office service
- Media handling – key principles
- Clinical Commissioning Group employees - engaging with the media outside of your NHS employment
- Constituent GP practices
- What to do if you find yourself taking an enquiry from a journalist
- Designated spokespeople – a basic guide

Introduction

To ensure that the Clinical Commissioning Group's (CCG's) reputation and that of the wider NHS is maintained, consideration needs to be given to how the CCG will deal with enquiries from journalists, news media outlets and other online channels.

These may include:

- Newspapers
- Trade journals (i.e. Health Service Journal)
- Radio stations
- Television news programmes
- News websites
- Social media commentators and bloggers

Responses to general correspondence, corporate stakeholders (i.e. MPs, councillors, partner organisations, etc.) or to Freedom of Information requests fall outside of this policy.

Your press office service

As part of the communications and engagement service provided by the North Yorkshire and Humber Commissioning Support Unit (CSU), the CCG subscribes to a press office service. This service acts as a single point of access for enquiries by journalists and news media organisations.

Any CCG colleague who receives an enquiry from a journalist (by phone, email, post, fax, etc.) should refer this enquiry to the dedicated press office number, which is: **0300 303 8394**. This number operates between normal office hours, Monday to Friday. The CCG is currently not subscribed to an out of hours press office service.

Media handling - Key principles

To help colleagues who may find themselves speaking to a journalist, the following key principles on media handling have been developed below and are of paramount importance:

- All requests from the media should be handled by the CCG's press office
- Any request by journalists to the CCG by any route should be re-directed to the press office number or to a colleague within the CSU's communications and engagement team
- Messages to the public should be accurate and consistent
- The media should be dealt with promptly, locally, authoritatively and accurately
- Only trained, designated spokespeople should respond to the media and give interviews. Designated spokespeople include Clinical Chairs, Accountable Officers, Governing Body members, other leading executives or officers.

- All spokespeople should receive media training
- The fewer the number of people acting as spokespeople for an organisation the easier it is to be consistent and build up relationships with journalists
- Designated contacts for particular issues will be identified wherever possible as the issue arises
- If in doubt, seek further advice directly from the press office

Always act promptly

Failure to deal with media enquiries promptly means that journalists may:

- ignore the CCG's point of view and only publish those of our critics
- turn to less authoritative sources in an attempt to find information
- become frustrated by a lack of courtesy which may cloud their view of the CCG
- begin to make further unwanted investigations into the CCG and its executives

Be accountable locally

Failure to deal with media calls locally means that journalists may:

- Turn their attention to what they think are associated organisations, causing irritation and animosity towards whomever should have dealt with the enquiry in the first place i.e. "we can't get anyone there so we rang you instead"
- Turn their attention to other authorities e.g. NHS England, MPs
- End up writing a story that is at best one sided and at worst mixes fact, fiction, guesswork, frustration and enmity. The result is a bad story, bad news, bad media relations and a bad reputation.

"The CCG was unavailable for comment" will, in the eyes of the public, read as "everything alleged in this article is true".

Be authoritative, credible and accurate

- Wherever possible, the spokesperson should be a clinician - not a manager and certainly not your press officer!
- Whenever possible, do not delegate. Journalists prefer to quote the most senior person relevant to the story
- Make sure of your facts – there is no harm in asking for time to check the issue out.

CCG employees – engaging with the media outside of your NHS employment

CCG governing body members are free to speak to the media on personal matters or matters relating to another business. However, they must ensure they make it clear that they are not speaking as a representative of the CCG. This is vital to avoid conflicts of interest and potential reputational damage to the CCG or the wider NHS.

As a matter of courtesy, all governing body members are asked to inform the press office of any activity they undertake that could mention the CCG by name.

Constituent GP practices

If a GP practice within the CCG's constituent area receives media enquiries relating to CCG business they are asked to redirect them to the CCG's press office.

The CCG's press office is available to assist individual GP practices with media issues in the following circumstances:

- They are likely to receive significant media attention where the reputation of the local NHS or CCG may be compromised
- They are assisting the CCG with a campaign or proactive story that supports its objectives

Any such assistance must be sanctioned by the relevant CCG.

What to do if you find yourself taking an enquiry from a journalist

On the rare occasions this happens, the following operational guidelines have been developed and should be followed by anyone taking a media call.

Ask and make a note of the following:

- Name and phone number of who has called, including the organisation they represent
- What is the source of the story they are investigating i.e. a governing body paper, a complainant, a comment by an MP, etc
- The journalist's deadline – this is very important
- Who the journalist first tried to make contact with.

Tell the reporter that someone will call them back as soon as possible and pass these details to the CCG's press officer at the earliest opportunity.

Do not respond immediately or give an "off the cuff" remark to the journalist – give consideration to any response. There is no such thing as an 'off the record' discussion.

The CCG's official line will never be "no comment" so please do not say this.

Designated spokespeople – a basic guide

The following guide has been developed for designated CCG spokespeople.

- Consult a communications professional before responding – they can help you prepare, brainstorm questions and answers and give basic media training.
- Never respond immediately – take time to consider your response and be absolutely certain of your facts.
- When dealing with a journalist with whom you have not enjoyed a working relationship before, if you don't want something to be used, don't say it.
- Do not try to guess a response which you have to retract later
- Never say "no comment" - to a journalist and in the eyes of the public it means "all the allegations are true".
- If in doubt say you will check the answer and ring back.
- Respond promptly – a journalist's deadline is rarely moveable. Journalists are under pressure to produce more than one story per day.
- Even if you are sure of your answer, you can still ring back. This gives time for thought, taking advice, checking the facts, consideration of any hidden angles, development of a line and informing others who need to know.
- Do not offer additional information unless it supports your point – sticking to a few key messages means they are more likely to get used.
- There may be supplementary questions which you were not expecting. If you need more time to prepare answers let the reporter know.
- Feel free to ask the journalist about their story. Take an interest and discover the source of where it has come from. Is your organisation the most appropriate one to respond? Has this already been covered elsewhere i.e. is it old news?
- Can you tell them honestly that the story is not true, wrong, old news? If you can, say so. Finally, remember the number: **0300 303 8394**

Appendix B

North Lincolnshire Clinical Commissioning Group Key external stakeholder analysis

Stakeholder group	Characteristics	Needs and interest	Potential
Patients and Public Including carers & support workers, and Patient Participation Groups	Central to everything we are about. Taxpayers and citizens. Recipients of good quality NHS provision. Engaged and knowledgeable on NHS issues.	Appropriate and timely information to make informed decisions about their health and to inform service re-design. Knowledge on where to get help & information. Guidance on how to make comments or take forward concerns if things do not go well.	To share good experiences and be ambassadors for what works well. To provide valued and ongoing feedback. To be co-producers of quality services. To use first hand experiences to shape future services
GPS	Have influence and understanding Trusted Often local leaders for community	To be seen as local leaders Desire to make clinical improvements and changes to services	To showcase local clinical leadership Ability to challenge and support locality agenda
Voluntary, community and faith sector groups Communities of interest (older people, children & young	Have influence and understanding.	To have confidence in local services through good	Providers as well as co-producers of services.

Stakeholder group	Characteristics	Needs and interest	Potential
people, BME groups, people with disabilities, mental health service users, lesbian, gay, bisexual & transgender, travellers & homeless)	<p>Good networks & trusted.</p> <p>Some groups small in number & not well established.</p> <p>Not a comprehensive coverage or co-ordinated voice.</p>	<p>experiences & good customer service.</p> <p>Able to feedback, influence and shape services.</p> <p>Listened to and treated with dignity and respect.</p>	<p>Skilled to participate in decision-making processes.</p> <p>Ability to challenge and support locality agenda.</p> <p>Ability to reach wide cross sections of society.</p> <p>Provide specialist knowledge to influence how commissioning decisions could positively or negatively impact on different groups.</p>
HealthWatch North Lincolnshire	<p>Maturing organisation with new statutory powers covering health & social care.</p> <p>Membership mixture of new and old local activists.</p>	<p>Need to establish themselves as influencers on quality, future need & performance.</p>	<p>Able to influence positively and publicly - champion local health issues.</p> <p>Champion whole health economy i.e. adult social care</p> <p>Act as a conduit to further understand patient/carer experiences and need.</p> <p>Support engagement planning and implementation.</p>
<p>MPs</p> <p>3 covering constituencies:</p> <ol style="list-style-type: none"> 1. Andrew Percy, MP 2. Martin Vickers, MP 3. Nik Dakin, MP 	<p>High level of interest due to historic/legacy issues</p>	<p>Regular and timely information to understand & be kept informed on local issues:</p> <p>Understanding the strategic direction, political context and 'behind the headlines'.</p>	<p>Able to influence positively and publicly - champion local health issues</p> <p>Champion health economy wide issues</p>

Stakeholder group	Characteristics	Needs and interest	Potential
		Campaigning for local services & constituent concerns.	Positive support for local health care facilities Champion key public health messages.
<u>Local authority political leaders</u> Health and Wellbeing Board North Lincolnshire Council	Influential and visible political leaders High profile allegiance to existing NHS provision: Local leaders for community voices Active partners on strategic planning	To be seen as local leaders; Regular and timely information to understand & be kept informed on local issues; Understanding the strategic direction, political context and 'behind the headlines'; Campaigning for local services; Active partners in planning, delivery and commissioning of services;	Champion whole system issues; Influence local health issues; Provide independence (i.e. chairing public meetings); Source of contacts and influence within other organisations; Political influence at locality, sub -regional and regional level. Conduit into communities, local knowledge & empowerment
Scrutiny Panel Chairs Primarily North Lincolnshire Council as statutory scrutiny committee for local NHS	Statutory authority Active and engaged in local health issues; Provide real challenge on all service change proposals; Strong political leadership. Hold NHS organisations to	Regular contact and briefing Regular attendance at public committees Local leaders on NHS issues. High levels of interest in the NHS and NHS services Need clear, concise and timely	Able to influence positively and publicly- champion local health issues; Champion health economy wide issues; Positive support for local health care facilities & campaigns Provide guidance on levels of

Stakeholder group	Characteristics	Needs and interest	Potential
	account Make regular enquiries and scrutinise NHS services	information about NHS services	engagement for projects Statutory consultee on any proposal for substantial development of health services or any substantial variation in service provision.
<u>Media</u> Editors and journalists of media outlets at: <ul style="list-style-type: none"> Local level e.g. Regional level e.g. National level e.g. national broadcasters and newspapers, magazines and health journals 	Scrutinise public bodies and their leaders Information requests daily Attend board meetings Champion patients	Responses to issues; some local some nationally generate Focus on patients' experiences – regularly negative ones Require voice of leadership i.e. clinical leaders to be accountable Often require same day responses	Reach large number of people Influence behaviour Enhance reputation Potential to escalate an issue from local level to national level Bring issues to the attention of public at large and key stakeholders including ministers and NHS England
<u>Providers</u> Providers i.e. foundation trusts, third sector, private sector	Strong providers with defined communities and local identities Delivering local and specific services Public easily identify with them and their facilities	To respond to need and provide high quality services To understand our key priorities and challenges To protect their market share	Shared strategic direction and understanding of local need Source of intelligence on local need and patient experiences Access to specific patient cohorts
<u>Local Authority partners in directorates:</u> People, Places	Commissioners and providers of services	Key partners in delivering joined up/integrated care	Key partners in delivering joined up/integrated care

Stakeholder group	Characteristics	Needs and interest	Potential
Policy and Resources Public Health		Working to Joint Strategic Needs Assessments	
NHS England / Local Area team	Performance managers of local NHS Commissioners of primary care and specialist services	Require early briefings on key issues/complaints/SUIs/Media/proposed service change etc Facilitate ministerial briefings and national responses to local issues	Put pressure on local organisations Scrutiny and performance management Share good practice